
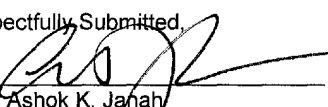


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Carlos Schuler et al. Application No: 10/675,602 Confirmation No: 9993 Filed: September 29, 2003 Title: SYSTEMS DEVICES AND METHODS FOR OPENING RECEPTACLES HAVING A POWDER TO BE FLUIDIZED	Group No: 3772 Examiner: Nihir B. Patel Attorney Docket No: NK.0076.10 Monday, February 04, 2008 San Francisco, California 94107
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Commissioner for Patents VIA ELECTRONICALLY FILED	Extension of Time <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
Papers Enclosed <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Declaration <input type="checkbox"/> 0 Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00
	<input type="checkbox"/> Two Months	\$450.00	\$225.00
	<input type="checkbox"/> Three Months	\$1,020.00	\$510.00
	Total \$ 120.00 <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	33	33	0	\$50.00	\$25.00	\$0.00
Independent Claims	6	6	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims			0	\$360.00	\$180.00	\$0.00
Total						\$0.00

Fee Payment <table> <tr> <td>Extension Fees</td> <td>\$120.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td>\$0.00</td> </tr> <tr> <td>Total</td> <td>\$120.00</td> </tr> </table>		Extension Fees	\$120.00	Fees for Extra Claims	\$0.00	Total	\$120.00	Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Extension Fees	\$120.00							
Fees for Extra Claims	\$0.00							
Total	\$120.00							
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$120.00 .		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107						
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a) I hereby certify that this correspondence is being electronically transmitted on the date shown below. By:  Date: <u>February 4, 2008</u> Leslie Mills		Respectfully Submitted,  By: Ashok K. Janah Date: <u>February 4, 2008</u> Registration No. 37,487						